

<h1 style="margin: 0;">CLAIMS ONLY</h1>				Application Number <div style="font-size: 24pt; font-weight: bold;">10/725700</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
				Applicant(s) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			

<div style="display: flex; justify-content: space-between;"> <span>CLAIMS</span> <span>* May be used for additional claims or amendments</span> </div>						
	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

<div style="display: flex; justify-content: space-between;"> <span>CLAIMS</span> <span>* May be used for additional claims or amendments</span> </div>						
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Filing Date

Applicant(s)

\* May be used for additional claims or amendments